Med. P

VOL. I No 8 APRIL 15TH 1896 $2 OR 8s A YEAR

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Vol. I. APRIL 15th, 1896. No. 8.

Original Articles.

TYLOSIS PALMAE ET PLANTAE: WITH THE DESCRIPTION OF TWO CASES, MOTHER AND DAUGHTER.

By J. W. Ballantyne, M.D., and George Elder, M.B., C.M.

Edinburgh.

AMONG the various forms of epidermal disorder which have hyperkeratosis as their evident feature *tylosis palmae et plantae* is specially worthy of note. This disease may be defined as a hypertrophy of the horny layer of the epidermis affecting only the palms of the hands and the soles of the feet and leading to the development of a hard plate in those regions.* The case about to be described, which was carefully examined by both of us, occurred in Dr. Elder's practice; the history of the patient and her family will now be given and thereafter the cutaneous affection itself will be more fully considered.

Description of a Case of Tylosis Palmae et Plantae.

The patient, E. C., a girl eight years of age, shows a distinct callosity of the palms of the hands and of the soles of the feet. The condition is most noticeable in the palms, to which it gives a peculiar yellow color, and a hardness and roughness readily noticed on shaking hands. The thickening resembles that present on the hands of a workman who uses tools frequently, and is all the more prominent from its absence at the flexures. It is greatest on the hypothenar eminences, but it is also present on the thenar eminences and

*Crocker (H. R.) *Diseases of the Skin*, 2nd Edit., p. 363, 1893.

along the palmar aspect of each finger, as well as over the proximal part of the palm. Indeed no part of the palm is quite free from it, save at the lines of flexure. It is strictly limited to the palm and does not reach the dorsum of any of the fingers, and above it is sharply defined by the line of flexure of the wrist, beyond which

there is absolutely no trace of it. The distribution of the thickening is shown by the accompanying figure, in which the thickening is represented by shading—the intensity of the shading corresponding to the extent of the thickening.

The feet are also affected in a similar manner, although here the thickening is not quite so noticeable. It is most marked along

the lines of pressure of the sole, and as in the hands it is strictly limited to the palms, so here it does not extend beyond the soles.

The condition was first noticed by the mother when the girl began to walk about freely, and it has remained present ever since, even when there is practically no friction on the hands. It is, however, aggravated by friction, and the right hand, which is more used than the left, shows a greater degree of thickening. Her mother states that the hands and feet "peel" in pretty large scales at times, usually every spring and autumn; but even when this occurs the skin beneath is still distinctly affected. A few weeks ago, after scarlet fever, there was skinning of the palms and soles, the scales shed being very large and thick. Before the skinning commenced the palms were much thicker and yellower than usual.

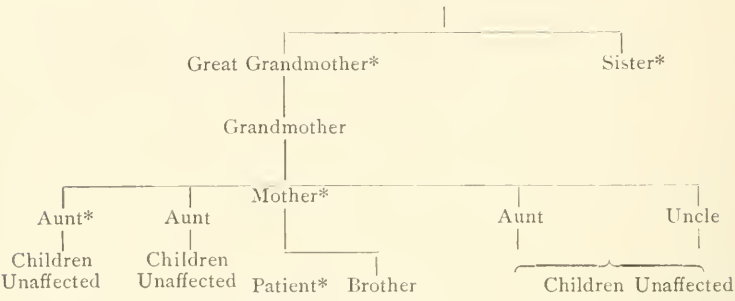
When the patient went first to school she developed a large number of warts on the fingers, said to have been acquired from the girl who sat next to her in class; but at present scarcely any of these growths remain. No other peculiarity of the skin can be observed. The teeth, hair, and nails seemed quite normal.

The point of special interest, however, in the case is the hereditary history. Her mother has a similar condition of the palms and soles, noticed soon after birth, and all her life her rough hands have been a source of some annoyance to her. She has also constantly to use a file to keep in check the growth of the skin at the roots of the nails. The patient's father's hands are quite free, as are also those of an only brother, who is considerably over one year in age. No other members of the family could be examined; but it was elicited that none of the father's family had ever been affected, whilst the following interesting history was got from the mother, a particularly reliable and intelligent lady.

She, the girl's mother, is French, and, as already mentioned, has "hard hands" like those of the patient. Of her sisters, three in number, one has a similar condition; the other two have not, and neither has her brother. The maternal grandmother of the patient had nothing of the kind; but the great grandmother (maternal), as well as her sister, had a similar condition. No further particulars could be elicited save the remark that there was a tradition that it had been in the family for generations, but that it affected only female members and only some of them; that it was only transmitted through the female members, and that it usually skipped a generation. In the present instance, however, this last peculiarity is absent, for both mother and daughter are affected.

For the sake of clearness this history may be represented as a

genealogical tree, in so far as it is known to the patient's mother In this the persons affected are indicated by a *.



For years the patient's mother has been using glycerine and pumice stone for the thickening; but although the condition was thus made less distinct it was by no means removed. A few weeks ago a solution of salicylic acid in ether (10 grs. to the oz.) was ordered to be applied, and the state of the hands has been already much improved; but, of course, it would be rash to expect a complete cure.

Tylosis Palmae et Plantae.

Historical Notes. According to Unna (7),* who described the disease with some fullness in 1883, Ernst (1) and G. Simon (*Die Hautkrankheiten*, p. 48, 1851) were the first to record cases. In 1851, also, Pickells (2) noted what he regarded as a congenital ("connate") instance of it in a boy of 13 or 14 years of age, and in 1879 Bulkley (3) saw a woman of 25 in whom it had been present "since infancy." Thost's inaugural dissertation (4) contained a most interesting account of a family in which this disease was hereditary. Other cases were those noted by Bocgehold (5) and Startin (6). Since Unna's classical paper appeared in 1883, G. H. Fox (8), Biart (9), Date (10), Jonathan Hutchinson (11), Crocker (12), H. G. Brooke (13), Sherwell (17), Bassaget (18), Dupré and Mosny (19), Hallopeau (20), and Bergh (21) have all written on the subject and have added to the list of known cases.

Synonyms. As with so many dermatological states so with tylosis palmae et plantae a number of synonymous terms are in use. It is the "ichthyosis palmaris et plantaris" of Thost and others, the "tylosis palmae manus plana" of Hebra, the "keratoma plantare et palmare hereditarium" of P. G. Unna, the "inherited keratosis of the palms and soles" of Hutchinson and G. H. Fox, the "hyper-

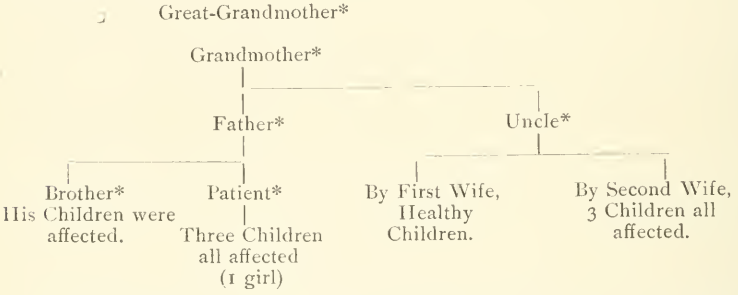
* The figures within brackets refer to the bibliography at the end of the article.

kératose palmaire et plantaire" of Hallopeau, and the "kératodermie symétrique des extrémités congénitale et héréditaire" of Besnier and Doyon* and of Bassaget. "Tylosis palmae et plantae" seems to us a short and sufficiently descriptive term for all practical purposes.

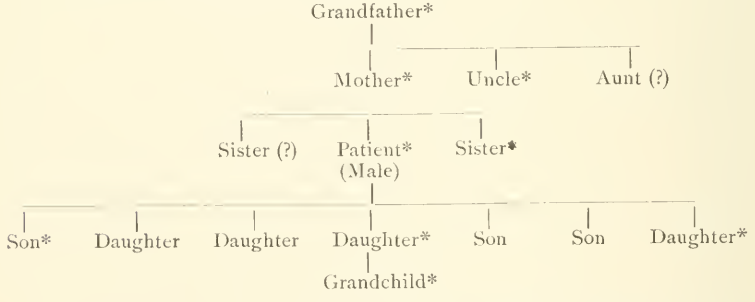
Clinical History. The most striking fact in the history of cases of hyperkeratosis of the palms and soles is *heredity*. This heredity may manifest itself either in the existence of the disease in parent (mother or father) and child, or in grandparent and child, or in the occurrence of "family prevalence"; these forms may also be met with in combination. In a few cases, however, there was either no hereditary history or no reference to it, viz. in Nos. 5, 6, 17, 19 and 20. The least marked form of heredity—family prevalence—was present in Nos. 2, 11 and 21; in No. 2 the boy described and the other children of the family were affected, in No. 11 the patient himself and three of his sisters showed keratosis of the palms and soles, and in No. 21 two brothers had the disease whilst six other brothers and sisters were healthy. Nos. 3, 7b, 8b, 9, 13, 14, and 18 had a more distinct hereditary history; in No. 3 a girl, her father, her father's brother, and her father's father were affected; in No. 7b a mother and her two sons and one daughter were the subjects; in No. 8b a man had keratosis palmae et plantae with keratose pilaris of the arms and thighs and general mild ichthyosis, whilst his father had the palmar and plantar lesions; in No. 9 a man, his brothers and sisters, his father and his father's brother were all sufferers; in No. 13 (two cases) the lesion was present in the mother, in her parents and in one or more of her children; in No. 14 a man and his father had tylosis, whilst three of his five sisters had xeroderma; and in No. 18 a man, his three brothers and his father showed the morbid state, whilst his only sister escaped the skin lesion, but died insane. More complicated histories were given in Nos. 4, 7a, 8a, 10, 12 and in our own observation. Thost's record (4) was a most remarkable one, for there were seventeen cases in four generations of the same family, eight of which were seen by the author himself: the great grandfather of the little girl (Lina Neubrandt) had keratosis palmae et plantae; he had seven children, six males and one female, of whom five (all males) inherited the disease; of the five affected males, one died young, one was lost sight of, two had families in which there was at least one case of the malady, and the fifth (Heinrich Heilmann) was twice

* Besnier (E.) and Doyon (A.) *Maladies de la peau* (Kaposi), Vol. II., p. 41, 1891.

married and had a large family, consisting of eight children, five males and three females, of whom six (four males and two females) were similarly affected; finally Heinrich Heilmann's eldest daughter (Margarethe Neubrandt) had four children, three girls and one boy, and of these all the girls, including Lina, the first of this remarkable family who was seen by Thost, had the cutaneous anomaly. In one of Unna's observations (7a) there were eight cases (five males and three females) in three generations and the malady was transmitted through males as well as females; and one of the patients seen by G. H. Fox (8a) was a member of a family of eight, every second one of whom inherited the disease, while his mother, mother's father, an uncle, and two nephews were similarly affected. The genealogies of Nos. 10 and 12 may be given in tabular form. That of Horton Date's patient is as follows:



The family tree of Crocker's patient (12) was very interesting.



In this case, which closes this remarkable demonstration of heredity, nine individuals in five generations were certainly affected with the disease, four were not so affected, and with regard to two there was some doubt. From what has been said it will have been learned that when the heredity was direct the transmission was sometimes through the males only (Nos. 3, 8b, 9, 14 and 18), less

often through the females only (Nos. 7b, 13 and 22), and sometimes through the males of one generation and the females of another (Nos. 4, 7a, 8a, 10 and 12). In our case (22) the females only were affected, and skipping a generation had occurred at any rate once.

There is no limitation in the matter of *sex*, for an analysis of the family histories shows that out of ninety-three cases in which the sex was stated fifty-seven (61 per cent) were males and thirty-six (nearly 39 per cent) were females. There is thus a distinct preference for the male sex. Possibly the fact that men are more actively engaged in manual labor than women may serve to account for the above circumstance; their environment is more favorable to the development of the latent and hereditary tendency.

With regard to all the cases which have been referred to in this paper there is good reason for supposing that they were congenital.

We do not mean to say that in all of them was the anomalous condition of the epidermis of the palms and soles present at birth, although in some instances this was affirmed, but on hearsay evidence. In all, however, it would seem that the predisposition to the disease was truly congenital, although pressure and friction might be necessary to develop the characteristic lesion. In all Thost's cases (4) it was said that the disease was observed in the first week of life as a slight roughness of the epidermis of the palms and soles, which rapidly increased in thickness. With regard to the second family seen by Unna (7b), the interesting remark is made that immediately after birth both palms and soles were observed to be surrounded by a bluish border, on which, after the seventh month horny growths began to appear, and from which these growths soon spread to the rest of the palmar and plantar surfaces. In other cases the lesion was first noticed at three months, or when the child began to creep, or when it began to walk (e.g. in No. 22); and in one instance (No. 20) it would seem that it became evident only at the age of 20 years, nevertheless Hallopeau, the reporter, regards it in this instance also as of embryonic origin. It may be concluded that if the skin of the palms and soles were carefully examined at birth some slight morbid change would be discovered in some cases at least.

Symptomatology.—In all the recorded cases both the palms of the hands and the soles of the feet showed thickening of the epidermis, and it is from this typical distribution of the lesion that the disease has got its name. In Nos. 18, 19 and 21 the hyperkeratosis was not limited absolutely to the palmar and plantar surfaces, but

affected to some extent the dorsal surface of the digits also , in Nos. 2 and 5 a similar condition was found on the knees ; and in Nos. 11 and 14 there was general xeroderma. Nos. 8b and 19 were interesting : in the former there was keratosis pilaris of the arms and thighs, general ichthyosis of a mild type, and tylosis palmae et plantae ; whilst in the latter the palmar and plantar lesion was accompanied by a similar epidermic thickening over the patella and olecranon and on the lips and mucous membrane of the pálate, as well as by mild ichthyosis of the extensor surfaces.

With regard to the characters of the lesion itself, the description which we have given in connection with the girl, E. C., may be taken as typical of the minor degree of the malady. The plantar and palmar surfaces of the feet and hands are covered by a thick yellow or yellowish-brown cuticle like a layer of wax. This gives to the palms and soles a peculiar hard and horny feeling. Sometimes the cutaneous thickening is greater over the thenar eminence, sometimes over the hypothenar, but as a general rule it is most marked along the lines where there has been most pressure. In more marked cases the thickened epidermis is split up by grooves or fissures into a large number of irregular areas or islands and the whole forms a mosaic. The grooves vary in depth and in width and have no connection with the natural lines of flexure of the palms and soles, in some instances, indeed, crossing them at right angles. In parts subjected to much pressure the fissures may disappear altogether. Every now and again desquamation of the thickened cuticle takes place, sometimes, as in our case, in spring and autumn, in other instances in the autumn only, as in No. 12.

The lesion is usually painless. If the hypertrophied epidermis be removed, a red, bleeding surface with enlarged papillæ is exposed. There is often some difficulty in completely flexing the joints of the palms and soles. The affected area is not infrequently surrounded by a narrow erythematous border or zone, which passes insensibly into the surrounding healthy skin. The condition becomes more marked as age advances up to a certain limit ; it is thereafter practically permanent, or is kept in check by the patient use of pumice-stone, etc.

In certain of the recorded cases itching was a prominent symptom. Tactile sensibility is present, but in a blunted state ; and sensibility to heat and cold, and also to pain, is usually much diminished. In most cases there is a dryness of the affected skin (xeroderma) ; but in others (Nos. 7 and 18) there was hypersecretion. In No. 7 also the sensibility to touch was unimpaired, and there was

osmidrosis as well as hyperidrosis. The nails have been found in a ragged state and incurved on themselves; in No. 20 there was a certain degree of sub-ungual parakeratosis.

The condition of the hair and teeth is not often reported; but in No. 18 both these structures were normal. The general health is usually quite good, although in one or two cases (Nos. 18 and 20) coldness of the extremities and "dead fingers" were complained of, and in No. 3 there was rheumatism. Sometimes a neurotic family history has been recorded, but the patient is generally free from nervous symptoms and visceral lesions.

Pathology.—The horny layer on the palms and soles had a thickness, varying in most cases, from one-eighth to one-sixteenth of an inch; but over the ball of the thumb or great toe it might reach half an inch. The other naked-eye characters of the lesion have been referred to under the symptomatology; but it may be noted that Hallopeau was of opinion that in the case observed by him (No. 20) the epidermic thickening was especially marked round the dilated sudoriparous gland orifices. Thost (4) has described the microscopic appearances of the diseased integument as follows: The papillae were increased in length five-fold, their breadth was somewhat less than normal, and their number was not greater than usual. The prickle-cells were not enlarged or otherwise altered; but their number was greatly increased, and on this account the rete malpighii was much broader. The stratum granulosum was normal. The horny layer was much thicker than in the healthy condition, and the increase was chiefly in its middle layer. The cutis, as a whole, was thicker than usual, and the adipose tissue more marked. The blood-vessels appeared to be enlarged. A general hypertrophy of all the layers of the skin was noted by E. Dupré and Mosny (19).

Pathogenesis.—The names which have been given to this disease by various writers indicate that all are not agreed as to the nature of the morbid process. Unna (7) places it in the group of the acanthoses along with condyloma acuminatum, verruca, fibroacanthoma cornificans, tyloma, and clavus, looking upon it, indeed, as a variety of cornu cutaneum; he gives ten reasons why it should be regarded as more nearly allied to horns than to ichthyosis. Bronson* adopts Unna's view of the matter. Others have regarded it as a localized form of ichthyosis, and that it is closely related to the condition known as fetal ichthyosis is beyond doubt. Whether, however, it is a pure hyperkeratosis or is both a hyperkeratosis and

* Bronson, E. B., Journ. of Cutan. and Ven. Dis., ii, p. 206, 1884.

a hyperacanthosis may in the meantime be left unsettled, for even as regards fœtal ichthyosis this question has not been decided. Hallopeau (20), it may be remarked, regards it as a form of naevus and as of embryonic origin ; but *naevus* can scarcely be looked upon as a precise pathological term. Dupré and Mosny (19) call it a congenital lesion of the skin of an ichthyotic kind, in certain points resembling congenital verrucose naevi. Whatever name be given to the lesion it is essentially a hyperplasia of the epidermis on certain clearly defined areas of the surface of the body.

With regard to its mode of origin also opinions differ. That it is congenitally pre-disposed to seems, however, to be quite clear ; it also appears to be certain that this pre-disposition is rarely strong enough to bring about the full evolution of the disease, and that an exciting factor, in the form of intermittent pressure or some other irritant is necessary to develop the characteristic lesion. This view is supported by the markedly hereditary character of the malady, to which reference has already been made. Hutchinson (16) says with regard to one of his cases : "No doubt the child was born with a peculiarity in the structure of the skin which rendered it less capable than usual of resisting the effects of mechanical irritation ; thus when the child began to walk and to handle toys the skin revealed its defective organization by passing into a condition of chronic inflammation. In this respect we have a parallel with certain other well-known types of disease, such as retinitis pigmentosa, Kaposi's disease, and many others in which nothing is to be observed at the time of birth, but in which exposure to light, sun, etc., at once brings on a peculiar form of degeneration of tissue." What this congenital peculiarity in the structure of the skin is cannot be certainly determined ; but that it is in some way connected with an unusual state of the epitrichium is very probable. Ohmann-Dumesnil* suggests that the permanent adherence of this embryonic layer is the cause of the various thickenings, general or localized, to which the name of ichthyosis has been given. This may be so ; but it is well to remember that the normal functions of the epitrichium are not yet known, and that speculations as to its pathology are, therefore, premature. Still the suggestion is a valuable one, and it may be that in the epitrichium and its morbid states may be found the causes of many, if not of all, congenital epidermic anomalies.

Brooke (13) is of opinion that the symmetry of the lesions is not sufficient ground for supposing a primary central causation ;

Dumesnil (A. H. Ohmann). "The human epitrichium." *Teratologia*, ii, p. 155, 1895.

some cases are to all appearances primarily central tropho-neuroses, but in the majority the fact that it spreads from one limb to another or from hands to feet, or *vice versa*, supports the theory of a reflex origin. Hallopeau's observation (20) that the morbid process begins round the dilated orifices of the sweat glands is of interest; this peculiarity is shared by other skin diseases, e. g., pityriasis rubra pilaris, seborrhoeic eczemas, lichen planus, etc.

We have thus far been speaking only of cases in which tylosis palmae et plantae was congenital in origin in at any rate the wide sense of the word; but an apparently identical lesion may be produced in adult life as a consequence of the administration of arsenic. Recent instances of this condition have been reported by A. Mathieu* and A. Giletti** (although Giletti doubts the arsenical origin of his case). Even in these cases, however, a congenital predisposition may have been present, and the arsenic may have acted as the exciting and not as the sole cause.

A somewhat similar malady has been described by Max Neuburger (*Monatshefte f. prakt. Dermat.*, xiii, p. 1, 1891) under the name of akrokeratoma hereditarium, but in it the extensor surfaces and especially the backs of the hands and feet were the parts affected, and the lesion, although resembling in its nature that in tylosis, was not sharply limited in distribution.

Treatment.—The usual treatment adopted in cases of tylosis palmae et plantae is the purely palliative one of applying glycerine to soften and using pumice-stone to remove the hardened and thickened epidermis. "In congenital cases," says Crocker, "a cure can, *a priori*, scarcely be expected," yet in our case distinct improvement has already followed the painting of the affected parts with a solution of salicylic acid in ether, and Unna (7) cured five members of one family with a similar but stronger solution (10 per cent.). Ichthyol, also, has been recommended; Bulkley (3) employed diachylon ointment; and Hutchinson (14) advised arsenic, tar ointments, and the use of cork soles. We are not aware whether thyroid feeding has yet been tried in such cases.

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22. Our own observation, as related above.

Note.– To Ernst's paper we have been unable to refer in the original; all the other references have been verified.

Adulteration of Food.—At a recent session of the Committee on the Adulteration of Food, T. H. Elliott, Secretary of the Board of Agriculture (London), testified that among the samples of food examined by the government 51 came from the United States and 39 from Canada, not one of which was adulterated. Germany, he added, made the worst showing, adulteration having been found in 37 out of 124 samples examined.—*Ev. Post.*

The Craig Colony For Epileptics, at Sonyea, N. Y., is about to be opened. The managers state that "an idea is gaining ground, not only in this, but in other States, that the State of New York is providing a large institution for the care of epileptics generally, and that all necessitous and dependent epileptics will be received and cared for. This is a grave error and should be early and earnestly discountenanced. Another growing misunderstanding is in regard to the reception of private patients in this institution. This is a feature entirely secondary in character, and is only to be entertained after all the dependent epileptics of the State have been provided for.

Spitting.—St. Louis' Health Board hopes to improve manners and increase sanitation by law. It will ask the Municipal Assembly, as the municipal legislative board in St. Louis is termed, to adopt an ordinance making it a misdemeanor for any person to expectorate on the floors of street cars or other public conveyances, or in hotel corridors, theatres, public halls and places of worship; also that the porters or persons in charge of the cars and public places be required to furnish cuspidors in sufficient number, and that they be required to clean the vessels daily, using some disinfecting fluid to be approved by the Board of Health; also that suitable provisions be made for the inspection of the vessels and the public places where they are provided. The members of the Health Board were unanimous in the action taken, but knowledge of the personnel of the Municipal Assembly does not give much hope of action by that body.—*Post.*

A CASE OF APYRETIC CROUP.

By A. Cordes, M. D., M.R.C.P.
Geneva.

ON February 15th, 1896, I was called to R. B., aged 21 months, whose cough was rather hoarse. The boy had a slight coryza, the throat was uniformly red, without patches. There was no conjunctivitis and the temperature was normal.

Measles being prevalent in Geneva I thought it might be the beginning of that disease and I prescribed some chlorate of potash for the sore throat. Towards the evening of the 17th the cough became more stridulous and aphonic. Facies good.

On the 18th there was laryngeal stridor, and towards evening on the 19th, the dyspnœa grew worse. There was no cyanosis, and the temperature was 100° F. At 9 p. m. the dyspnœa had increased and there was drawing in of the epigastrium during inspiration. The pharynx was red, but there was no cervical glands. Till 6 p. m. the boy had been walking about the apartment, playing and bright. In consultation with Dr. Thomas an injection of 10 grammes of Roux's serum was given in the retro-trochanteric space. During the child's struggles, the voice became aphonic.

At 2 a. m. on the next day the dyspnœa had increased so much that Dr. Thomas operated at once, inserting a small cannula No. 00. A piece of membrane was expelled through the cannula. Seven hours after the operation the child was quiet, respiration 40 to 48, and temperature 101.5° F. In the evening the temperature rose to 102.3° F., but shortly fell again to 101° F. The next day (21st) a second injection of 10 grammes of Roux's serum was given.

The only interest in the case is the complete absence of any high temperature which is so characteristic of membranous croup when uncomplicated.

Fatal Varicella.—Cassell (*Archiv. für Kinderheilkunde,—Am. J. Med. Sc. 1896, cxi, 94*) makes an addition to our knowledge of the dangerous complications of chicken-pox. Five out of twelve cases treated in his polyclinic had albuminuria or nephritis. All the patients were from the poorer classes, between the ages of five months and three-and-a-half years. The albumin appeared after desiccation, not earlier than the fourth or fifth day. Three of the patients died, albuminuria continuing to the last. In the other cases albuminuria was of brief duration. In one of the fatal cases, a previously healthy child treated under unfavorable hygienic conditions, the vesicles became gangrenous and ulcerated.

PHYSIOGNOMY OF PLEURO-PNEUMONIA.

By John Thompson, M.D.
Edinburgh.

I. Willie M., aged 22 mos., photographed on 5th day of an attack of pleuro-pneumonia limited to part of the base of the right lung.

Child too ill to notice much. Face flushed; eyes bright, but their expression dull and anxious.

I. Pleuro-pneumonia. Fifth day.

Eyebrows oblique from the action of the corrugator supercilii on each side along with that of the central bundle of the frontalis.

Nostrils dilated and working. Angles of mouth lowered, and

lips slightly parted so as to admit a little air during the labored breathing.

Expression of face being that of suffering, modified by the desire not to cry because of the pain which a long breath would cause.

II. Pleuro-pneumonia. After crisis.

II. Same child, nine days later, after the temperature has been normal for more than a week.

Thinner, but otherwise well, comfortable and noticing.

A CASE OF MIDDLE EAR SUPPURATION, MASTOIDITIS; DEATH FROM RUPTURE OF THE ŒSOPHAGUS.

By Arthur H. Cheatle, F.R.C.S.
Assistant Surgeon to the Royal Ear Hospital and Aural Department of King's College Hospital, London.

THE following case was under the care of Professor Urban Pritchard in King's College Hospital; in his unavoidable absence the operation on the ear was performed by myself I am indebted to him for permission to publish the case.

A boy aged 4 years was admitted into the hospital on December the 23d, 1895, with the history, that on coming home from school on December 16th, he complained of feeling generally ill; on the 17th a discharge was noticed for the first time coming from the right ear; on the 18th was seen by a doctor who ordered syringing. Shivering was noticed in the evening of the same day. On the 19th and following three days became much worse, "brain fever" setting in.

On admission he was anxious looking and complained of pain in the right ear, which was discharging a large amount of mucopurulent non-offensive pus. Tenderness on pressure was present behind the ear, but no redness or swelling. On cleaning out the meatus, the membrane was seen to be congested and bulging, with a pin's head perforation below the handle of the malleus, the discharge pulsating as it came through. No bulging of the posterior superior deep meatal walls. The head held stiffly. No swelling in the neck along the course of the internal jugular vein. The boy was quite sensible, answering questions intelligently. Temperature 103. Lungs, heart and abdomen normal. Chloroform was at once given and the membrane freely incised behind the handle of the malleus.

December 24th. No better. Temperature up irregularly 106° at 6 p. m. No shivering or convulsions. Discharging freely. An ill-defined soft spot with doubtful fluctuation found by Dr. Pritchard behind the ear at the attachment of the auricle, but no œdema or redness. Dr. Pritchard ordered immediate operation if anything definite was found.

December 25th. Temperature still high, squinting with twitching of the hands and tendency to coma noticed in the evening.

December 26th. Fluctuation detected behind the ear in the position of the soft spot noticed on the 24th. Under chloroform, a free incision was made behind the ear evacuating half a drachm of thick pus, the periosteum stripped off and some pus found lying

around the apex of the mastoid process. The antrum was then opened without discovering anything definite, but on chiseling into the mastoid process, the bone was found to be dry and discolored, and the mastoid process was then entirely removed. The lateral sinus exposed freely, and opposite the affected bone a small crateriform ulcer was found in its wall with some surrounding deposit of lymph. During the operation the sinus gave way at the point of ulceration. No sign of thrombosis seen. The sinus was then plugged with double cyanide gauze to prevent the passage of blood through the affected area.

December 27th. Child was worse. Temperature reached 105° at 2 a. m. In the afternoon he was semi-unconscious and restless, but quieter after dressing. No trouble in taking food.

December 28. Died somewhat suddenly at 1 a. m.

At the post-mortem made by Professor Norman Dalton, all diseased bone was found to have been removed at the site of operation, there was no extension of meningitis and the sinus at the site of plugging contained a healthy clot.

On opening the thorax numerous small subpleural hœmorrhages were seen, but no infarctions. On removing the lungs a large recent hœmorrhage was found in the posterior mediastinum, which had stripped up the parietal pleura largely on the left side and slightly on the right. On searching for a cause, an irregular opening with no trace of pus was found in the œsophagus at the level of the tracheal bifurcation. The lower part of the œsophagus was soft and torn extremely easily. Dark colored fluid blood was found in the stomach, but not in the small intestine. The upper air and food passages were normal. No foreign body was found. The remaining organs were normal.

The case is a peculiar one and difficult of explanation. The idea of traumatism, of course, occurred, but no history could be obtained and no foreign body could be found.

The rapidity of the illness and bone implication points to a local infection of extreme virulency; taking this into consideration, together with the presence of the small subpleural hœmorrhages and softened condition of the œsophagus, it is most probable that an acute infective œsophagitis was set up which led to the rupture of a vessel causing rupture of the wall both into the mediastinum and œsophageal passage.

PRACTICAL NOTES.

Oil of Amber in Whooping Cough.—Murrell has used oil of amber for some years, both internally and externally, in the treatment of whooping cough. He orders a teaspoonful to be rubbed in along the course of the spine night and morning. For internal administration from three to ten drops may be taken every four hours on a piece of sugar or on a crumb of bread, but this mode of administration presents some difficulty in the case of children. The following mixture is preferable :

Oil of amber,	10 minims.
Powdered gum acacia,	1 drachm.
Syrup of orange flower,	2 drachms.
Oil of anise,	3 minims.
Water to,	1 ounce.

The difficulty is in covering the somewhat disagreeable taste of the amber oil.

For a liniment the following formula is useful :

Oil of amber,	6 drachms.
Oil of rosemary,	1 drachm.
Oil of origanum,	1 drachm.
Oil of turpentine,	1 ounce.
Linseed oil to,	4 ounces.

Amber oil is a common article of commerce, and more extensive trials will show that it is a useful therapeutic agent.—*Clinical Sketches, 1896, iii., 35.*

Warts and Their Treatment.—Treatment must be thorough. Care is to be exercised to prevent pain at the time of operation. Mild caustics often give better results than the most active, and especially must this choice be made when the patient is a child. *Salicylic acid* has proved of better service than any other drug, because in softening the tissues it does not give pain. His plan is to use an ointment of 15 per cent. of salicylic acid in lanolin or petrolatum, and to have it applied freely for at least three days, when he removes the dressings and cures the part, removing all

traces of the wart. Immediately after this operation, the application of the ointment is continued for at least a week, and there is no return of the wart. Nitric acid, acetic acid, hydrochloric acid and chromic acid, in mild solutions, have been recommended for this work, but, as a rule, pain accompanies their action. A most simple plan has been in use for ages as a home remedy; a sulphur-headed match is dipped in water and applied to the part three or four times a day, and it has been seen that the lesion becomes smaller each day.—CANTRELL, *Philadelphia Polyclinic, 1896, v, 92.*

Liniment for Relief of Flatulent Colic.—

Compound soap liniment,	2½ ounces.
Compound camphor liniment,	2½ ounces.
Oil turpentine,	2 ounces.
Castile soap,	2 drachms.
Oil cajuput,	1 drachm.
Oil lemon,	1 drachm.

—*Bull. Pharm., 1896, x, 134.*

Ice Water Without Ice.—Here is a wrinkle, how to get ice-cold water in places where there is no ice. Wrap a porus jug in wet flannel; wrap it all around, leaving no place exposed to the air; place it, filled with water, in an open window exposed to all the air there is. Keep the flannel wet. In an hour the contents of that jug will be as cold as if they had been iced.—*Confectioners' Journal, Bul. Pharm., 1896, x, 133.*

Ringworm Lotion.—

Aromatic sulphuric acid,
Spirit nitrous ether,
Creosote, of each equal parts.

M. Apply once a day with a feather until well.

—*Bull. Pharm., 1896, x, 134.*

A Test for Albumin in the Urine.—Alex. C. Ewing recommends the following simple way of applying an old test. It is this: Draw up into a small glass pipette or tube about an inch of the urine, let the finger remain tightly over the top and insert the pipette into nitric acid and draw up under the urine about the same quantity of acid, when if even a trace of true albumin be present there will appear a beautiful line of demarcation between the acid and urine. This test is as accurate as it is simple, and, besides, is decidedly economical and far less trouble than all others.—*Med. Rec., 1896, xlix, 337.*

Insects Used in Therapeutics.—At the present day the number of kinds of insects used in medicine is very small, the cochineal, cantharides, *blatta orientalis* about comprising the list. But in former days, and down even to the end of the eighteenth century, a large number of species was used. In this, as in every other department of the *armamentarium medicum*, in popular medicine at least, the nastier the substance, the more potent the remedy. Thus, wood-lice were used to cure indigestion, or, to put it in the lingo of that day, were potent to "dissolve the mucilaginous tartar of the body," "open obstructions of the viscera," etc. When it came to treat epilepsy, the *grand mal*, something more powerful was necessary, so we are not surprised to find the old physicians recommending *bed-bugs* as an almost infallible remedy. Aristophanes, Aristotle, Pliny and Dioscorides, all maintain the efficacy of these disgusting creatures in quartan fever. Pliny says that seven bed-bugs swallowed at the beginning of an attack will certainly work a cure.—*Nat. Druggist, 1896, xxvi, 73.*

Animals and Disease.—President Haynes of the New York Society for the Prevention of Cruelty to Animals called attention, in a recent address, to the fact that nearly all stray animals are diseased and therefore a continual danger to healthy animals. "But that is not the only danger," he adds. "Human diseases are undoubtedly propagated in the same way. In cases of diphtheria, smallpox, scarlet fever, measles, and diseases of the skin in general, no disinfection of houses or rooms can be effectual if dogs and cats which inhabit them are not likewise disinfected; and in the opinion of many competent physicians, the spread of contagious diseases must be in many instances attributed to this cause."

Suppurative Parotitis.—Dr. Barjon, of Lyons, has just published a study on suppurative parotitis, a disease which is known to be quite rare. Ordinary mumps scarcely ever leads to the formation of abscess. The author, writing in the *Gazette Médicale de Paris*, No. 43, 1895, states that from his own observations, as well as from a careful examination of the literature of the subject, he is convinced that a secondary infection is needed to produce suppuration after mumps. He also asserts that bacteriological examination has shown the specific microbe of mumps to be non-pyogenic. The only practical suggestion that can be made from Barjon's observations is to the effect that buccal antisepsis in mumps will positively prevent suppuration of the parotid glands.—*Med. Rec., 1896, xlix, 339.*

Editorials.

CONGENITAL LUXATION OF THE HIP.

RECENT advances in our knowledge of this interesting, but hitherto neglected affection, are deserving of notice. Brodhurst distinguishes three types of cases: those due to trauma before birth, those due to trauma at birth, and those due to arrest of development. The dislocation may be in various directions, but is usually on the dorsum. He believes that the traumatic cases, in which the acetabulum remains of normal size for several years, are much the more numerous, and instances cases of infants of five and fifteen months, in which a one-sided dislocation was easily and permanently reduced. In cases between three or four and twelve years, if the acetabulum is shallow, and the hip not firm, he enlarges the socket subcutaneously by means of a gouge, and replaces the head of the femur. Paci, of Turin, reports many successful cases up to the age of fourteen and fifteen, from replacement by means of manipulations (resembling those of Bigelow), and appropriate after treatment. The permanence and even the reality of these replacements is doubted by most operative surgeons who have given special attention to this subject; and these also favor the view that the cases due to congenital defect are the more numerous. Lannelongue reports an autopsy on an infant ten days old, showing the left acetabulum narrowed, flattened and incapable of containing the head of the femur, which was of normal size; as the baby had never walked there was no displacement. Operators are agreed in finding the most serious obstacle to reduction in the anterior bands of the capsule, and therefore favor the anterior incision for bloody replacement. With preliminary extension no tenotomies are necessary. Lorenz reports a series of one hundred cases treated in this manner without a failure. It is conceded, however, that the operation is one of unusual difficulty, and failures have been numerous. Broca reports twenty-eight operations on

twenty-five patients with four deaths from sepsis, one from tuberculosis, and two failures. Cases showing very satisfactory results from operative replacement have recently been exhibited at the New York Academy of Medicine by Drs. Gibney and Whitman, but the operation in America is still in its infancy. Hoffa, who first brought operative replacement prominently forward, places the most favorable age between two and eight years. In children who have not yet walked, he says that orthopedic treatment will be successful. What remains clear from all the evidence is the crucial importance of detecting these cases in infancy, when much can be accomplished without risk by the improved methods of manual replacement and retention.

HENRY LING TAYLOR, M. D., New York.

"Dead Air" Treatment of Diphtheria.—T. B. HILL writes (*Med. News, 1896, lxviii, 216*) to suggest that cases of nasal diphtheria be treated with the "dead air" method by plugging the anterior nares with cotton, thus limiting the production of the baneful toxin in that inaccessible region by shutting off the necessary *current* of air.

For Erysipelas.—

℞ Ichthyol;
Glycerol āā. ʒ ss.

M. S. External use. J. ABBOTT CANTRELL, *Phila. Polycl., 1895, iv, 245.*

Malted Food for Infants.—Practice appears to vary considerably with regard to the amount of malt in prepared infant's foods, as little as 5 per cent. being used in some cases. Probably the following formula, or some modification of it, may serve your purpose:

Baked wheat flour,	10 oz.
Ground malt,	2 oz.
Sugar of milk	4 oz.

There is no necessity to add phosphates. A more palatable food can be prepared by adding desiccated milk, but this, of course, is not essential, as fresh milk is always added before use. Dry all the ingredients before mixing, by spreading on large flat dishes in a moderately cool oven.—*Pharm. Journ., 1896, iv, 199.*

Society Report.

NEW YORK ACADEMY OF MEDICINE.

General Meeting, March 5, 1900

PNEUMONIA AS A COMPLICATION OF DIPHTHERIA IN CHILDREN.

DR. HENRY W. BERG presented a paper on this subject. He said that so many deaths in the Willard Parker Hospital had been due to broncho-pneumonia complicating diphtheria that the otherwise brilliant results from the antitoxin had been diminished. Dr. Brannan, in a recent paper, had stated that in that hospital more than fifty-four per cent. of the mortality had been due during the past year to broncho-pneumonia. It had been found that pneumonia might complicate diphtheria at any stage of the disease; indeed, as long as the Loeffler bacilli were present. This pneumonia arose principally in two ways, viz.: (1) By direct continuity, minute fragments of membrane being drawn down into the smallest bronchi; and (2) by infection with other germs than the diphtheria bacilli, chiefly the streptococci. Not only was broncho-pneumonia frequently present in diphtheria, but there might be a lobar pneumonia, a gangrene of the lung, or merely a congestion of the lung. Although the records of the autopsies made in the hospital did not show that any lobar pneumonias had occurred there during the past year, he felt confident that he had on several occasions observed the clinical evidence of a lobar pneumonia. It had been found that the pneumonias complicating diphtheria were usually due to streptococci and Loeffler bacilli, and that this mixed infection had the effect of markedly increasing the virulence of the diphtheria bacillus.

The two most important symptoms indicative of the onset of pneumonia in the course of diphtheria are a sudden and sharp rise of temperature, and an unusual rapidity of the respirations. To this might be added the occurrence of fine crepitation on deep inspiration—a pathognomonic physical sign. The physical signs would usually enable one who had steadily followed a case to determine whether or not the pneumonia were the result of direct extension, or whether the pneumonic process was in the form of isolated patches. It was important to make this distinction, for in the former case the prognosis was exceedingly bad, whereas in the latter it was decidedly better. The prognosis was also modified by the

character of the individual case of diphtheria, the stage of the disease at which this complication arose, and whether or not the case had been operated upon.

The speaker said that it seemed probable that this great frequency of pneumonia in hospital practice was due to a contagious element ; and in any case, as the pneumonia was due to bacterial infection, the children having this complication should be separated from other children having diphtheria without pneumonia. It was especially important that intubation and tracheotomy cases should be kept apart from those suffering with diphtheria complicated with broncho-pneumonia. The room or ward should, of course, be well ventilated, and the temperature of the room maintained at about 70° F. The cold-pack was his preference among the various antipyretic measures, for it not only served to reduce the temperature, where this was required, but it at the same time stimulated the patient. These patients should receive extra doses of diphtheria antitoxin. If the new anti-streptococcus serum proved equal to the claims made for it, then it would be of service in preventing such complications of diphtheria.

Dr. Hermann M. Biggs said that with the exception of lobar pneumonias, which might be due to pneumococcus infection, pneumonia was the result of infection with various organisms. An important factor in its production in cases of diphtheria was the lowered vital resistance. Its more frequent occurrence in hospital than in private practice he ascribed to "hospitalism," which acted as an additional depressant. It followed, therefore, that while isolation might be desirable, it was not an essential. He was decidedly opposed to the common practice of charging the sick-room with steam laden with various antiseptic vapors, not only because he considered such measures useless, but because, in his opinion, they were decidedly harmful. High temperatures might, with advantage, be reduced by the application of cold in all cases except where collapse was present. It was useful even in cases of acute nephritis. The ordinary hot poultices were an abomination, although "ice-poultices," made of ice, stitched up in cheesecloth, were beneficial.

Dr. W. H. Park said that he was not yet convinced that pneumonia developed in the hospital as the result of the infection of one patient by another ; certainly he had never been able to find streptococci in cultures taken from various parts of the wards. He was doubtful as to the results that were likely to accrue from the use of the anti-streptococcus serum. It had seemed to him that in many of the cases occurring in the Willard Parker Hospital the diphtheria

had been the complication, and the pneumonia the original disease. Referring to the hospital records, he then endeavored to show that the frequency of pneumonia had diminished since the temperature of the wards had been kept at 70° instead of 80° F. He was unable to understand how Dr. Winters could claim that the frequency of pneumonia in this hospital as a complication of diphtheria was due to the use of diphtheria antitoxin, for this would presuppose that the pneumonia was not directly due to germ infection, there being no germs in antitoxin. It was naturally a matter of considerable difficulty to diagnosticate a pneumonia at the beginning of laryngeal diphtheria with stenosis, and he felt reasonably sure that in several recent cases the children had been suffering from broncho-pneumonia at the time of their admission to the hospital.

Dr. J. W. Brannan said that the occurrence of pneumonia as a complication of diphtheria had been so frequent in the Willard Parker Hospital during the past two years, and especially in the year just past, that he had given it special study. As a result he had come to the conclusion that this pneumonia had developed in those who had been saved by the use of antitoxin. He believed this, because two years ago the records showed that sepsis and laryngeal stenosis had each been responsible for about thirty per cent. of the deaths, while last year these two causes combined had accounted for only about twenty-five per cent. of the mortality. Three important measures had been recently taken in this hospital with a view to the better management of these cases. In the first place, there was a more liberal provision of air space; secondly, the wards were kept at a lower temperature; and, thirdly, the plan suggested by Dr. W. W. Seymour, of Troy, had been adopted with a view to preventing the drainage of fluids down into the lungs. This consisted in elevating the foot of the bed, and so securing drainage towards the mouth by the action of gravity. It had not proved very difficult to keep the children in this position.

Dr. W. P. Northrup described some experiments that Dr. O'Dwyer had undertaken with him at the Foundling Asylum with a view to determining the probable danger of *schluck pneumonie* from feeding patients wearing the present form of intubation tube. Children who were near the point of death had been fed with milk in which lampblack had been incorporated. At the autopsies the lampblack and the milk were never found below the lower end of the tube. Post-mortem studies made it clear that pneumonia in children under two years of age was *anatomically* a broncho-pneumonia, i. e., a large portion of the lesion was located in the bronchi.

He believed theoretically in the value of Dr. Seymour's suggestion about securing drainage by means of gravity, but in practice in the asylum it had been found difficult to keep them in the desired position of inversion. He would like to say one word on behalf of the much-abused poultice, and that was, that it was not the occasional application of a hot poultice that was deleterious, but its continued use. He had been unable as yet to entirely dispense with the use of the poultice, as it was a source of much comfort to the patient.

Dr. William Watkins Seymour, of Troy, said that since he had adopted the plan of elevating the foot of the bed in cases in which he had performed intubation or tracheotomy, his results had been far superior to what they had been previously; and in the case of one of his own children, he would be willing that the child should be kept on a table adapted for maintaining the Trendelenburg position. He had made free use of the hot jacket or poultice in his cases.

Dr. Andrew H. Smith said that as the usual mode of death in cases of broncho-pneumonia was by exhaustion of the right ventricle, it was evident that measures which would relieve the obstruction in the pulmonary circulation were all-important. To that end, the physician should see that the sick room was kept well ventilated, and that inhalations of oxygen were given from time to time, for when the blood was imperfectly aerated, it would circulate with difficulty through the lungs. The right heart could be still further relieved by the administration of nitro-glycerine and similar agents which had the power to dilate the blood vessels. He felt sure that the very common practice of prescribing digitalis in cases of pneumonia had resulted in many deaths.

Dr. A. Rose said that a better method of accomplishing the same purpose was by giving enemata of carbonic acid, for in this way there would be established an increased interchange of oxygen in the pulmonary alveoli. The profession had become prejudiced against this method of treatment—which was really a very useful one—because the results of Bergeon's treatment of consumption by the rectal use of carbonic acid had been disappointing.

NOTES ON TREATMENT.

Acute Bronchitis in Children.

It is usually wise to begin the treatment with a laxative of castor oil or calomel. During the first twelve or twenty-four hours an emetic in conjunction with a warm bath may do good.

℞ Powdered ipecac, gr. i to gr. ii;
Syrup of ipecac, ʒ i.

Mix. Sig. A teaspoonful every ten minutes until the desired effect is produced.—Perrier.

Counter-irritation over the chest is usually indicated, with a thin mustard plaster, camphorated oil, oil and turpentine, or the following:

℞ Oil of cloves, ʒ ii;
Camphorated oil, ℥ iv.

Mix. Sig. For external use.—J. Lewis Smith.

Warm drinks should be given, particularly hot milk, and, if the fever is high, one or two grains of quinine may be given in a little coffee or aromatic syrup of yerba santa. The air of the room must be kept fresh, and moderately warm and moist. The vapor of turpentine is often beneficial.

Flaxseed poultices covered with oil-silk are useful, especially for the relief of pain; and cold compresses are useful, not only to reduce the fever, but as a stimulant, which causes deep inspirations.

℞ Mist. Glycyrrh. Co., ℥ iv.

Sig. Half a teaspoonful every two (2) hours to a child of three years.

℞ Syr. ipecac,
Spts. aether. nitros., aā ʒ ii;
Ol. ricini, ʒ iii;
Syr. bal. tolut., ℥ i.

Misce. Dose: Half a teaspoonful to one teaspoonful, every second hour, for the age of one to two years.—J. Lewis Smith.

℞ Ammonii chloridi, ʒ i ;
Syr. bal. tolut., ℥ ii ;

Mix Dose: At the age of three months, fifteen drops; at six months, thirty drops in water.

℞ Vini ipecacuanhae, ♏ v ;
Liq. ammonii acetatis, ♏ x ;
Glycerini, ♏ xv ;
Aqam florae aurantii, *ad* ʒ i ;

Misce. Ft. haustus.

Sig. For an infant, to be taken every four hours.—Eustace Smith.

An opiate affords marked relief from the annoyance of the cough, especially at night.

℞ Tinct. opii camph., ʒ i-iv ;
Syrup tolutani, ℥ i ;
Aquæ, *ad* ℥ ii ss.

Mix. Sig. Shake and take one teaspoonful.—F. Gordon Morrill.

℞ Lig. opii composit, gtt. x ;
Potas. bromidi, ʒ i ;
Syr. rubi idaei (raspberry), ℥ i ;
Aquæ, ℥ i ss.

Misce. Sig. One teaspoonful when needed for restlessness and loss of sleep from cough.—J. Lewis Smith.

When the mucous flow has become well established, any of the following mixtures may be prescribed :

℞ Tinct. scillae, ♏ xx ;
Syrup tolutani,
Syrup. pruni Virgin., aā ℥ ss ;
Aquæ, *ad* ℥ ii ss.

Misce. Sig. Shake and take one teaspoonful for a child one year old.—F. Gordon Morrill.

℞ Ammonii carb., gr. v-x ;
Tinct. scillae, ♏ xxv ;
Syrup. senegae, ℥ ss ;
Syrup. pruni Virgin., ℥ iii.

Misce. Sig. Shake and take one teaspoonful three or four times a day, for a child one year old.—F. Gordon Morrill.

℞ Tinct. veratri viridis, ♏ xii ;
Syr. scillae composit, ʒ ii ;
Syr. balami tolutani, ʒ xiv.

Misce. Sig. A teaspoonful every two or three hours to a child five years old.

As the disease progresses, if bronchial secretion becomes very profuse, one of the following prescriptions may be used :

℞ Oxide of antimony, gr. ss ;
Syrup of senega, ʒ i ;
Syrup of acacia, ℥ ii.

Mix. Sig. A teaspoonful every two hours.—PERRIER.

℞ Terpine hydrate, gr. ii-iv ;
Brandy, ʒ ii ;
Syrup of cinchona, ʒ ss ;
Syrup of orange, ℥ ii.

Mix. Sig. A teaspoonful every two hours.—PERRIER.

The coal-tar antipyretics often have a marked effect in diminishing the amount of secretion, lessening the severity and frequency of the cough and relieving the pain.

℞ Phenacetin, gr. xii-xxiv ;
Caffein, gr. i-ii ;
Mix. Div. in chart. No. xii (12).

Sig. Give one powder every four (4) hours.—W. S. CHRISTOPHER.

℞ Phenocoll, gr. xv-xxx ;
Camph. monobromat, gr. ii ;
Caffein. citratis, gr. ii ;
Mix. Div. in chart No. xii (12).

Sig. One powder every four (4) hours. — DILLON BROWN.

Again, it must be remembered that certain cases of bronchitis may be of indirect origin, depending upon some affection of the heart ; of the stomach ; of the liver and even of the kidneys ; of the skin, as in erysipelas ; or it may be due to typhoid fever, or measles, or to the elimination of certain medicinal substances ; and finally it may be of diathetic origin, as gout or rheumatism.

MEDICAL CHRONICLE
OMAHA COLLEGE

℞ Tinct. digitalis, ♏ xx
Tinct. conii, ʒ i
Pulv. ipecac., gr. i-ii ;
Oxymel. scillae, ♎ i ;
Muc. acaciae, ♎ iii ss.

Misce. Sig. A teaspoonful every three (3) hours, when the bronchitis is associated with disease of the heart.—FERRAND.

℞ Tinct. nucis vomicæ,
Tinct. digitalis, āā. ʒ ss-i ;
Tinct. cardamomi comp., *ad* ♎ ii.

Mix. Sig. A teaspoonful in water four (4) times a day, in cases following upon influenza.—THOMAS GRAINGER STEWART.

℞ Sodii salicylatis,
Potassii bicarbonatis, āā. ʒ i ;
Syrupi tolutani, ♎ ss ;
Aquæ anisi, *ad* ♎ vi.

Mix. Sig. A tablespoonful in water four (4) times a day in the cases depending upon a rheumatic diathesis.

℞ Vini colchici, ʒ i ;
Vini antimonialis, ʒ ss ;
Potassii bicarbonatis, ʒ i ss ;
Aquæ destillatæ, *ad.* ♎ vi.

Mix. Sig. A tablespoonful in water four (4) times a day in cases depending upon a gouty diathesis.—THOMAS GRAINGER STEWART.

℞ Tinct. lobeliæ, aethereæ, ʒ ii ;
Spts. chloroformi, ʒ ii ;
Aquæ camphoræ, *ad* ♎ vi.

Mix. Sig. A tablespoonful every three or four hours in spasmodic cases.

In both asthmatic and dyspnoeic attacks the inhalation of oxygen gas is valuable, but it must always be diluted with air before it enters the lungs, and it must be warmed by passing through tubes lying in warm water. Dry cupping over the back of the chest or a few leeches over the lateral parts of the chest may be extremely beneficial.

Abstracts.

THE ADMINISTRATION OF QUININE TO INFANTS.

José E. Ferrán (*Archivos de la Policlinica, Havana, January, 1896*) writes concerning the inconveniences of giving quinine to infants under two years of age, and says the drug should never be given to very young children except for the cure of malaria. In 20 cases in which he gave it complete anorexia, threatening life from inanition, ensued in 12. He has never had much success from frictions with quinine nor with rectal injections. So-called sweet quinine contains very little of the drug, and quinine chocolate, useful for older children, cannot be given to very young infants, as the chocolate may cause intestinal cramps. The best of the salts of quinine for internal use in the case of infants is the dihydrochlorate.

THE DISEASES OF SCHOOL CHILDREN IN RELATION TO THEIR PHYSICAL DEVELOPMENT.

A. J. Bogolovsky (*Vestnik Obschchestbennoi Gigieny Sudebnoi i Prakticheskoi Meditsiny, Nos. 2-6, 1895*) has made a series of careful examinations of children in the primary and intermediate schools of Yalta. These examinations extended over a number of years, and 1,106 children (648 boys and 458 girls) furnishing the material for these studies. All cases of disease occurring among these children were divided into two groups: 1. Those developing for the most part independently of the influence of school life, and 2, those which could be referred more directly to the conditions surrounding school children. Concerning those in the first group, which among other diseases included anaemia, chlorosis, tuberculosis, and rickets, it was found that from the seventh year, when school life begins, on an average, the number of these affections progressively increased and were in direct relation with the rate of growth of the children. Tall and rapidly growing children were more often ill than those of medium or low stature, and they were also behind the latter in general physical development. Which of these two conditions, frequent illness and corporeal weakness, was the result of the other the author was unable to say. He inclined, however, to the view that the physical weakness was the cause of the more frequent illness—a view that was supported by the fact that

the greater number of cases of illness were found among children having the smallest circumference of the chest. The intermediate schools, those preparatory to the gymnasia, gave a higher percentage of sickness than the other schools. This was, Dr. Bogolovsky believed, by reason of the weaker corporeal development of the youths in these schools, a disadvantage that was not overcome by the better social condition of these students as compared with those attending the primary schools.

Of the diseases of the second group those most commonly observed were caries of the teeth, habitual headache, and periodically recurrent nosebleed, while those of less general prevalence were myopia and eye-strain. Even here the great influence of the bodily development was evident, for the weaker children suffered most from the affections of this group as well as from those of the first. Most of the sufferers, again, were students in the intermediate schools, a fact which the author attributes in great part to the longer school hours and also to the longer time required for the preparation of the lessons at home.

SCURVY IN INFANTS.

Wm. Fitch Cheney (*Med. News, 1896, lxviii, 227*), after a review of the aetiology, symptoms, diagnosis, prognosis and treatment, reports the following case :

Olive N., female, aged 10 months, was first brought to the Children's Clinic of Cooper Medical College on July 31, 1895. The mother had noticed enlargement of the right thigh ; that the digestion was very poor ; that the heart seemed to beat too rapidly ; that the skin about the left eye had swelled on two occasions recently and turned darker colored, like a "black eye" ; that the baby had nose-bleed once recently, and some bleeding of the gums. The enlargement of the thigh was first noticed about three weeks previous, and had gradually increased since. The discoloration about the eye was first noticed about July 17th, and the second occurrence about July 24th. The mother reported further that the baby's appetite was poor ; that instead of sleeping, she whined and cried all night, but seemed easier in the daytime ; that the discharges from the bowels were acid and very irritating to the buttocks, generally too frequent, and always fluid, and that the disposition was always peevish and fretful. There was a history of artificial feeding from birth. Many foods had been tried in succession, none seeming to digest well. Since November, 1894, malted milk had been used continuously, with a little better result. The mother pre-

pared this food by adding three teaspoonfuls of Horlick's malted milk to eight tablespoonfuls of water. The baby had just cut her first tooth at ten months, and had never yet made any attempt to stand on her feet. Both parents were living and well. There were three older children living, all well. One child had died of cerebral trouble, and had a history of bow-legs, straightened by operation at two years of age.

Physical examination showed that the infant was pale, poorly nourished, cachectic, the left eye protuberant; complexion fair, eyes blue, hair light, the body much emaciated. There was slight enlargement of the post-cervical glands, a marked rachitic rosary, box-shaped chest, and widely open anterior fontanel. Several small spots of ecchymosis were observed on the gum of the lower jaw on the left side. There was swelling of the right thigh from hip to knee, greatest about the middle, with slight enlargement also below the knee, in the upper third of the leg. The skin over the swelling was very tense, and no fluctuation could be made out. Some pitting of the subcutaneous tissues was observed on pressure. There was no redness of the surface or increased heat in the part, but the limb was apparently painful when handled. The infant made no effort to move the member. The greatest circumference of the right thigh was 9½ inches; of the left thigh, 7 inches. Percussion and auscultation showed heart and lungs normal.

The mother was instructed to drop the malted milk entirely, and feed the baby instead equal parts of cow's milk and oatmeal water. The cow's milk was to be allowed to stand for three or four hours, and only the cream and top milk used. The oatmeal water was to be made by boiling for one hour three teaspoonfuls of oatmeal in a quart of water. Of this mixture, four ounces were to be given every two hours. In addition, the baby was to receive one tablespoonful of fresh orange juice three times a day.

August 7th.—The infant was reported suffering from constipation, and did not seem to take her food quite so readily as formerly. The interval between feeding was therefore increased to two and a half hours and more cream added to the food. One teaspoonful of fresh beef juice was ordered with each feeding. If the bowels did not move daily, they were to be relieved by use of the soap-stick. The thigh at this visit was found to measure but 9 inches in circumference. The child made a rapid and complete recovery.

A RARE SYPHILITIC INFECTION.

The case described and figured here by W. S. Gottheil (*Clinical Recorder, 1896, i, 23*) is an example of a rare localization of the

primary sore ; and it certainly deserves to be classed as a case of "Syphilis of the Innocent."

A. S., aged 17 months, was seen on October 1st, and gave the following history :

At about the beginning of July, some three months ago, a sore appeared without any known cause at the side of the nail of his left fore finger. As it resisted the ordinary household remedies, and increased slowly in size, the child was taken to the dispensary in the first week in July, where a physician cauterized the sore, and prescribed an ointment. By the beginning of August spots had come

out upon his body, limbs, face and hands. The finger got no better. The child ran down ; it became pale and sickly, and "went back on its food."

Examination showed a pale and anaemic boy, with yellow skin and soft flabby muscles. His entire body, including his face and head, was covered with a closely-sown eruption consisting of quite large pink papules, in some places topped with a moderate quantity of silvery scales. The palms and soles were markedly affected, and here scales were thicker and semi-detached at the margins of the papules. Around the anus was a circle of moist papules. A gen-

eral indolent adenopathy was present. The visible mucosae were normal; there was no alopecia.

On the baby's left forefinger was the sore for which the mother first brought him to the institution. The nail was apparently entirely gone, and its place was occupied by a fungating mass of tissue which occupied the entire dorsal surface of the distal phalanx. This fungous mass was apparently composed of hypertrophic granulation tissues; and the edges of the skin around it were reddened and indurated. The entire phalanx was as large again as it should be, and the child sought to protect it from injury by holding it with his other hand in a very characteristic manner.

The general papulo-squamous Syphiloderm was florid and at its height, as was proper at this time. On the hands and the face, where soap and water are more freely used, we have the papules alone; over the rest of the body the scales were present in varying though moderate quantity. The marked general adenopathy only confirmed the visual diagnosis.

The child slept with its mother; and sleeping with its mother in the tenement house from which this patient came means a community of soap, towels, bed-linen and dirt, which renders the infection of the child, if the mother has the disease, almost a matter of necessity. The mother admitted she had sores around the anus in January, which lasted until August, a month after the child's finger began to get sore. She was sick all over her body at the time; but she denied any general eruption or secondary symptoms. She noticed herself that during the time that she was sick her baby lost its power to play and to walk, and ran right down; for she was suckling it, as these people do, until the last possible moment, so as to avoid another pregnancy. The child improved steadily under mercurial treatment, and on March 11th of the following year it looked fat and healthy, with clear complexion and firm muscles.

A CASE OF CEREBRAL SYPHILIS IN A TEN MONTHS OLD CHILD.

Rosa Engelmann (*Chicago Med. Rec., 1895, ix, 385*) says that the rarity of this affection in so youthful a subject is the reason for its report. A mistaken diagnosis is often made, confounding it with tubercular meningitis.

The symptomatology, family history and rapid response to specific treatment confirmed the diagnosis of a basilar syphilitic lesion. From the extreme youth and consequent lack of intelligent co-operation of the patient, exact localization could not be adduced.

For the same reason and because of nystagmus and incessant rotatory movements of the head, the minute sight and optic nerve disturbances could not be demonstrated.

Choked disk of the left fungus with subsequent atrophy was shown. Involvement of the right fundus took place later. Trauma, cerebral abscess, tubercular meningitis and brain tumors, other than gummata, were excluded.

By reason of absence of polydipsia, polyuria, glycosuria, grave circulatory disturbance, meningeal symptoms, *per se*, and the involvment of only the third nerve, she concluded that a gummy tumor of the middle fossa existed. The oscillation of symptoms; their subsidence upon specific treatment; and a history of repeated abortions and still births on the part of the mother, pointed strongly to this view.

The child was well until eight and one-half months old. The examination revealed a well-developed, well-nourished babe without history or visible signs of luetic lesions except a general adenopathy. She had been having general convulsions and projectile vomiting for two weeks; bromides had partially controlled the former condition, and there were now incessant choreic like movements of the entire body, lateral cephalic rotation, nystagmus, tetanic contracture of voluntary muscles, with inversion of thumbs, carpus, tarsus, etc., marked ptosis of the left eye, choked disk of that side with a normal condition of the right fundus. There was dilation of both pupils which were nonresponsive to light.

The child was given kali iodide and mercurial inunctions. In five days she was quieter, the spasmodic twitching had lessened, the vomiting had ceased and coma was less profound.

The child improved rapidly for twelve weeks, when she was attacked by grippe, then by measles, and three weeks later she succumbed to pneumonia. No autopsy was permitted.

CONGENITAL SYPHILITIC CIRRHOSIS OF THE LIVER.

V. Tonkoff (*Vratch, Nos. 43, 44, and 45, 1895*) relates the case of a girl, eleven years old, who presented symptoms of leucæmia of apparently congenital syphilitic origin. The spleen was enlarged and the number of white blood corpuscles was increased, the lymph glands were hyperthrophied, there was pronounced anaemia, epistaxis was frequent, there was jaundice, and ascites was also present. At the post-mortem examination there were found cirrhosis of the liver, connective-tissue proliferation and evidence of blood-stasis in the spleen, and hyperæmia of the marrow of the right femur. The

lymphatic glands were enlarged, but otherwise normal. The cirrhotic process in the liver was circumscribed rather than diffuse.

PERNICIOUS ANAEMIA.

R. Guaita (*Gazzetta Medica Lombarda, January 27, 1896*) reports the case of a boy, five years old, received into the Hospital of the Order of Malta of Milan, suffering with extreme pallor of the cutaneous and mucous surfaces and much run down in health. The spleen was slightly enlarged as was also the liver, the heart sounds were scarcely audible, and there was some œdema of the lower extremities and eyelids. While under treatment in hospital petechiæ appeared on the lower extremities and forearms, and there was a slight epistaxis once. No cause could be discovered for the anaemia and no benefit followed treatment of various kinds, dietetic and medicinal, during six weeks, but the child rather grew worse. Intestinal parasites had been thought of, and santonin had been given without result. Recourse was then had, by way of experiment, to extract of male fern, with the result that a taenia solium, over three feet in length, was expelled entire. Improvement at once set in, and two months later the boy was discharged entirely recovered.

A CASE OF POISONING FROM THE EXTERNAL USE OF ACETANILID.

Richard C. Newton (*Med. Rec., 1896, xlix, 333*) reports the case of a female, aged four years, who was poisoned by the external use of acetanilid on a granulating surface on the arm, following an extensive burn.

The main symptoms were a weak and rapid pulse, cyanosis, collapse, with the patient lying perfectly motionless and helpless on her back, eyes glazed and staring, with widely dilated pupils, and cold clammy extremities.

SEPTICEMIA FOLLOWING DIPHTHERIA; TREATMENT BY STREPTOCOCCUS ANTITOXIN; RECOVERY.

J. E. Kelly reports the following interesting case (*N. Y. Med. J., 1896, lxiii, 243*):

J. B., aged twenty-one years, was first seen on August 6, 1895, when he was suffering from diphtheria. The case was typical, and ran an ordinary course until the disappearance of the false membranes. On August 20th an erysipelatous eruption appeared on his face in the vicinity of the eyes and cheek; at the same time he com-

plained of pains and stiffness in the trunk, arms and legs. His temperature was only 99.5° F., but his pulse was in the vicinity of 150. The cranio-cervical glands, particularly on the right side, became enlarged, giving the patient the appearance of goître, and causing well-marked dyspnea. Subsequently dense, edematous swelling occurred in all the limbs, rendering passive motion impossible, and causing severe pain.

The patient was evidently suffering from streptococcous infection of the gravest type, and, not having improved, notwithstanding a week's skillful medical treatment, the writer, who saw him in consultation, recommended his removal to a hospital and the streptococcus antitoxin as a final procedure, owing to the encouragement afforded by the recent reports of Marmorek, Pozzi, Dieulafoy, Gromakowsky and others.

On August 27th he was admitted into the Gouverneur Hospital. His throat was edematous, his voice thick and his tongue swollen, there were sordes on his teeth and lips, which latter were dry and cracked, the pupils were dilated, and prostration was marked. Temperature, 100.2° F.; pulse, 134 and irregular; respiration, 32. The urine showed no albumin or sugar, but was alkaline in reaction, with a specific gravity of 1.030.

An ample supply of Gibier's streptococcus antitoxin was obtained from the New York Pasteur Institute, and at 11.45 p. m. the first injection was given, the dose being twelve cubic centimetres of antitoxin, to which was added an equal quantity of normal salt solution.

In all, twelve injections of antitoxin were given. The following abstract shows the effect of each upon temperature, pulse and respiration :

After first injection, reduction of temperature, pulse, and respiration, subsequent rise of pulse ; after second injection, reduction of pulse, subsequent rise of temperature and respiration ; after third injection, reduction of temperature, pulse, and respiration, subsequent rise of pulse and respiration ; after fourth injection, reduction of respiration, subsequent rise of temperature ; after fifth injection, reduction of temperature and respiration, subsequent rise followed by fall of temperature and respiration ; after sixth injection, subsequent rise of temperature, pulse and respiration, followed by fall of temperature to nearly normal ; after seventh injection, reduction of pulse and respiration, subsequent rise of temperature ; after eighth injection, reduction of pulse, subsequent rise of respiration, followed by rise of temperature ; after ninth injection, reduction of respira-

tion, subsequent rise of temperature and pulse, followed by fall to normal temperature and respiration; pulse remained a little above normal; later there were slight variations in temperature, pulse and respiration; after tenth injection, subsequent rise of temperature and pulse, followed by fall of temperature; after eleventh injection, subsequent rise of temperature, pulse and respiration, followed by fall of temperature; after twelfth injection, reduction of temperature, pulse and respiration.

There were subsequent slight variations of temperature and pulse, the latter continuing a little accelerated when the patient was discharged from the hospital.

Thus it will be seen that five injections were followed by a fall of temperature, six by a decrease in the rapidity of the pulse, and seven by a slowing of the respiration. After five other injections the temperature also fell after a slight rise.

As is well known, however, the temperature, pulse and respiration ratios are not preserved in sepsis, and the above records, while interesting, do not fully represent the effect of the treatment on the patient. When it was determined to use the streptococcus antitoxin, it was as a last resort, owing to the hopeless condition of the patient when regarded from the standpoint of previous experience. Within a few hours after the first injection a reaction appeared, which progressed until convalescence was complete. For this case a hundred and fifty cubic centimetres of streptococcus antitoxic serum were administered without the production of any undesirable effects. This serum was procured from a horse which received by subcutaneous and intravenous injections nearly two thousand cubic centimetres of intensely virulent cultures of streptococcus within a period of eight months. Four weeks were allowed to elapse after the last injection before the horse was bled.

RESECTION OF NEARLY ELEVEN FEET OF THE SMALL INTESTINE IN A BOY EIGHT YEARS OLD.

Giuseppe Ruggi (*Il Policlinico, February 1, 1896*) reports the case of a boy, 8 years old, who was struck on the abdomen by the car of a large swing containing four people. He was thrown about forty feet and landed in a ditch full of water. He seemed to have suffered no special injury, being in his ordinary health for the following two weeks, except that there was some tenderness of the abdomen. At the end of this time, however, he began to have symptoms of intestinal obstruction. The trouble was relieved at first by purgatives, but gradually increased until surgical measures were

clearly indicated. The abdomen being opened, a loop of intestine was found constricted by a bridle of the omentum. This was divided and, the gut being apparently uninjured, the wound was closed. For a few days the boy did very well, but then all the symptoms of obstruction returned in aggravated form. One week later the wound was reopened and the intestine was found to be stenosed at the point were the constricting band had been divided. The intestine was incised longitudinally for a distance of 6 or 7 centimetres, freeing the stricture, and an anastomosis was effected. For some time after this the child did well, but complained, as he had

before the first operation, most bitterly of hunger, crying night and day, in spite of the fact that large amounts of food were given, in addition to rectal feeding. But in two weeks the meteorism, pain, and other signs of intestinal obstruction returned and it was determined to open once more the abdomen. A large mass of the small intestine was found agglutinated together and adherent to the abdominal wall. On attempting to break down these adhesions it seemed to be effected with comparative ease, but it was soon seen that the freed parts were deprived of their mesenteric attachments. Instead of closing the abdomen, as had been done in similar cases, Dr.

Ruggi determined to resect the injured part. He removed successively three portions of the gut, as shown in the accompanying illustration, the entire length being 3.30 metres (10 ft. 9 in.), until sound gut above and below was reached. The lower incision was 15 cm. (6 in.) from the ileo-cecal valve. The extremities of the intestine were united by silk sutures. There were no bad symptoms after the operation, and within a few days the boy was again crying for food. For three weeks, in spite of many imprudent concessions being made to him, the boy was teasing night and day for something to eat. Gradually, however, the food taken seemed to afford some nourishment, and five weeks after the last operation the child was discharged perfectly well. At the time of the report, fifteen months later, he was in perfect health.

APPENDICITIS IN CHILDREN.

Two cases recently applying to the clinic of Dr. S. Solis-Cohen, and seen, with him, by Dr. T. S. K. Morton (*Phila. Polyclinic, 1896, v, 79*), illustrate the importance of being upon the lookout for appendicitis in children, as well as the different indications for treatment in cases of different character. In the one case, a girl of 9 years old had, for nearly a year, been complaining of cramps in the abdomen, especially after walking any distance, or dancing, or jumping for a short time. The child was well nourished, and there was no evidence of tuberculosis, or of scrofula. Apart from the signs to be described later, nothing was elicited upon careful questioning and physical examination, but a history of occasional indigestion and rare diarrhea. Physical examination of the abdomen revealed tenderness over the right iliac fossa, especially concentrated at a point midway between the umbilicus and the anterior superior spine of the ilium. On careful palpation, the enlarged appendix could be rolled under the finger, without eliciting much increase of tenderness but giving rise to the sensation of cramps previously complained of, and referred to the umbilical region. No evidence of suppuration or of pericecal inflammation could be found. The temperature was not elevated. It was decided that no indication for operation existed. The child was treated by rest in bed ; the administration of mild laxatives to clear the bowel ; the institution of a diet of pancreatized milk, together with the internal use of phenyl salicylate in doses of 3 grains, three times a day, as an intestinal antiseptic. Two weeks later, the child was entirely free from pain and tenderness, and able to walk without the production of cramps. The large appendix could still be palpated, but the maneuver did

not give rise to pain or cramps. It was decided to continue treatment on the lines laid down, by regulation of the diet, keeping the intestines clean, and the family physician was advised that in case there should be recurrence of the old symptoms or development of new ones indicative of acute inflammation, he should at once seek surgical counsel. It was not felt, however, that an operation, at this time, would be justifiable.

The other case was that of a girl of twelve years, with history of ill health for over a year. For the last eight days there had been occasional vomiting, constipation, and complaint of general tenderness in the abdomen. The tongue was coated, the breath somewhat fetid. The temperature was 100.2° F.; examination of the abdomen showed slight general distention. Tenderness was found to be localized toward the right iliac fossa, with one extremely sensitive point about one and a half inch internally to the anterior superior spine of the ilium. The most significant feature of the case was the fact that the muscles of the right side of the abdomen were extremely rigid; so much "on guard" indeed, that it was impossible to make satisfactory palpation or percussion of the region. On the left side the muscles were easily relaxed by manipulation. In this case the mother was advised to place the child in the hospital to be observed, in order that the possibility of enteric fever might be positively excluded, with the understanding that, in case no revision of the diagnosis was made, operation for appendicitis was to be performed on the following day. Unfortunately, the operation was not permitted, the child being taken from the hospital, and placed under the care of a physician at home. The outcome of the case is not known.

PANCREATIC CYST.

Cotterill (*Edinburgh M. J., 1896, Feb., 747*) showed this case to the Medico-Chirurgical Society. Sarah B., aged 15 years, had suffered for twelve weeks from a sharp attack of gastric pain, accompanied by constipation and vomiting. A swelling began to show a fortnight after this, and at the date of her admission to the Wards there was a large tumor the size of a child's head in the left hypochondriac and umbilical regions, passing across the middle line to the right hypochondrium. This caused the patient a lot of dragging pain, and she was much emaciated. The exact nature of the tumor being doubtful, some of its contents were drawn off by the aspirator and examined, when the fluid was found to present several of the characters which were indicative of cyst of the pancreas. The chief interest in the case lay in the fact that the cyst

was opened by a posterior incision, and not through the anterior abdominal wall, as is usually done. It was considered an advantage to attack the cyst from behind, as there it could be reached extra-peritoneally, it would drain better from a posterior opening, and there would be less risk of the subsequent formation of a ventral hernia. An incision was accordingly made along the outer border of the erector spinæ, just below the twelfth rib, and a tube was inserted into the cyst, the wall of which was found to be thick and nodulated on its external surface. The wound was kept open by drainage-tube for some four months, and latterly iodine was injected occasionally, to help to cause obliterative adhesions in the interior of the cyst. It was then allowed to heal, and has remained cured since that time. During her stay in the ward she was given liquor pancreaticus with her food, and this seems to have supplied a want, as she put on nearly 3 stones in weight in six months, and is now fat and well. The posterior incision was suggested to Mr. Cotterill by a case of Mr. Cathcart's, where he had found it necessary to make a counter-opening behind in a somewhat similar case, and had found that the wound drained well from the flank. The case shown is believed to be the first, in this school at any rate, which has been deliberately attacked from behind, and there seems little doubt but that it is the safer method.

A CASE OF INTRA-UTERINE INFECTION WITH RELAPSING FEVER.

A. Mamuroffski (*Meditsinskoye Obozrenie, No. 20, 1895*) relates the case of a woman, four months pregnant, who aborted during an attack of relapsing fever. In dry preparations made from the blood of the vena cava and right ventricle of the fœtus, Obermeier's spirochætæ were found in great numbers. The author believes from this that micro-organisms may readily find their way from the capillaries of the uterine mucous membrane into the placental circulation.

CRANIECTOMY, WITH THE AFTER HISTORY OF TWO CASES.

T. Telford-Smith (*Journal of Mental Sc., 1896, January*) reports the after history of two cases of craniectomy.

The operation of craniectomy for microcephalus and idiocy has now been on its trial since 1890, and taking the cases operated on in France, in America, and in Great Britain, there are about 200 cases from which it ought to be possible to form some judgment as

to the success of the operation, in so far as mental development is concerned.

The information which up to the present has been published as to the after history of the majority of these cases is meager in the extreme. We find in some cases "amelioration" or "improvement" reported, but particulars as to the kind and degree of improvement are not stated. Also in the published cases the space of time between the operation and the report is generally too short to admit of a well-founded opinion as to the results really due to craniectomy.

It seems time, however, to urge upon all who have had an opportunity of observing the after-results of the operation, in any cases where a sufficient time has elapsed, to publish a full and impartial account of the present condition of the patients, and to contrast it with the condition before the operation.

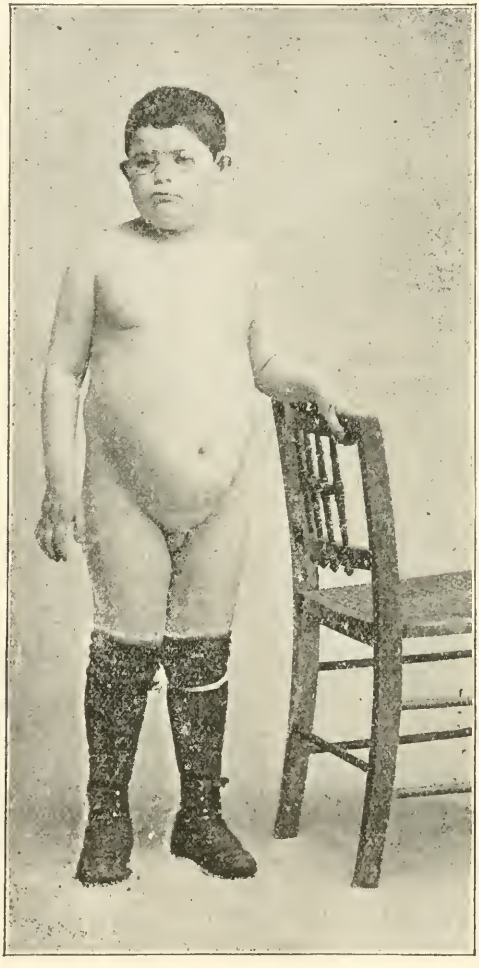
The weight of evidence so far is against the operation of craniectomy, as judged not only from the facts learned from an examination of microcephalic brains, microcephalic skulls, and of skulls in which the operation has been performed, but also as judged from the actual mental and physical results obtained in even those cases where all the circumstances were favorable.

LIPOMATOSIS UNIVERSALIS, WITH SYMPTOMS OF OBSCURE NERVE LESIONS; VERSUS MYXOEDEMA.

The accompanying picture (*Clin. Recorder*, *1896*, *i*, *15*) is that of a boy twelve years of age who is now in the Montefiore Home for chronic invalids. He was seen by Dr. S. H. Dessau for the first time in November, 1893, at the Mt. Sinai Hospital Dispensary, where his mother brought him for a difficulty or uncertainty in walking. This was soon found to be due, in a large measure, to defective vision, for which he received glasses, with apparently good results. It was at once observed that he was remarkably large for his age and height. He was four feet one and a half inches tall—and weighed eighty-eight and a half pounds. His mother said that he had been growing rapidly stout for three years. He now, in December, 1895, weighs one hundred and fifteen and a half pounds.

He presents the following condition: The deposit of fat over the body is firm. He has an expressionless face, apparently due to defective vision. The head is small, especially the frontal region. The hair is thick and not particularly dry; scalp full of dandruff. His eyes are small and there is a slight amount of both lateral and horizontal nystagmus, increased on efforts at focusing for sight. His vision is poor. On attempting recognition of objects he acts as if

he saw only one-half. His walk is not so uncertain as two years ago, but is more reeling in character. His movements are quick, not clumsy ; there are no ataxic symptoms in walking. His memory is good, though he is of a low grade of intellect. He is very cowardly



and is amused like a much younger child. His voice is loud and speech quick, though thick in the pronounciation of certain consonants, as c, l, or t. His lips are not thick and have a slight vermillion hue. His nose is not broad. His complexion is not pale,

though not ruddy. He has quite a color of the cheeks. His capillary circulation responds to the slightest irritant. His skin is smooth and soft and there is a decided tendency to sweating shown by an intertrigo on the inner side of the thighs in contact with the scrotum. The sexual organs are markedly small. Besides the nystagmus, there is a marked tremor of the arms and head on attempting muscular movement. There is also a twitching of the facial muscles, especially of the mouth. He does not appear to be unduly sensitive to cold.

His appetite is not large, but he has always had a great thirst. He passes an abundance of clear, pale urine, containing a small percentage of albumin and at times a trace of sugar. He becomes short of breath on slight exertion. His heart is weak, pulse small, 90; respiration, 34.

This boy has been seen by numerous physicians and various opinions of his condition expressed. He was, in the spring of 1894, in Dr. A. Jacobi's ward at Bellevue Hospital, where he was for six weeks given Thyroid Extract under the supposition that he had myxœdema. Delirium was produced, but no beneficial effect followed. It will be highly interesting to watch the further effect of the thyroid preparation, as the case does not by any means present a pure illustration of myxœdema. The tremor, nystagmus and thick speech are highly suggestive of pseudo-multiple sclerosis occurring in a corpulent subject, perhaps the result of a general lipomatosis.

Correspondence.

PEDIATRICS.

To the Editor of "Pediatrics."

Dear Sir.—The correspondent who writes in your issue of March 1, finding fault with the name "Pediatrics," seems to be somewhat at sea in his conception of English, Greek, and the science of pediatrics. The word "paidiatreia," which he proposes is not formed on English models, and its very sight is an abomination in the eyes of any one to whom English is the mother tongue. Furthermore, if it were adopted into our language it would not be pronounced as the Greeks pronounce it, but would become at once, following the genius of our tongue, a proparoxytone, and a Greek hearing the word would naturally suppose it to be *παιδιάτρια*, meaning a female physician whose specialty is children's diseases. Moreover, the word *παιδιατρεία* means properly the treatment of children's diseases, but pediatrics is broader than that—it means literally the whole of medical science (and not therapeutics only) in its bearings upon children, being derived from *παῖς* and *ἰατρική*, the science of medicine, and not from *ἰατρικόν* or *ἰατρικά*, as your correspondent erroneously assumes.

Your title is well chosen, scientifically correct in its derivation, expressive, and excellent English. Keep it, and may you long prosper under it! *ΦΙΛΑΚΡΙΒΗΣ.*

Paris, March 10, 1896.

A Wonderful Horse.—Dr. Paltauf, of Vienna, has a horse of which he is very proud. The causes of pride in horseflesh are usually the superb beauty of the animal, his record in the matter of speed, his ancestry, his temper, his style, his color or his price. But none of these things have inspired the enthusiasm of the Vienna physician. His horse has beaten the record simply in the production of antitoxin units. The animal is a six-year-old gelding and strength of his serum is five hundred antitoxin units. In the last year this noble animal has produced six quarts of toxin, and, while others have saved their hundreds, this horse has saved its thousands of lives. In the civilization of the future, and perhaps in the annual New York horse show of the future, the element of antitoxin may yet be taken into consideration in testing the qualities of the horse. We should respectfully submit to those gentlemen who run future horse shows that a collection of animals labeled with their toxin-bearing capacity would form a most interesting addition to the parade of fair women which is put on view on this occasion.—*Med. Rec., 1896, xlix, 417.*

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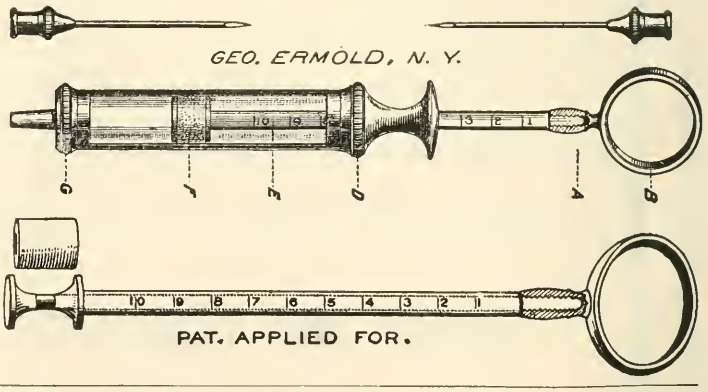

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PUBLISHER'S NOTES.

Insomnia in Children.—Although in the various conditions attended with insomnia in children hypnotics are much more rarely called for than in adults, there are cases where they are absolutely demanded. In the selection of a hypnotic care must be exercised, for much harm may result from the use of an improper remedy. The majority of writers on diseases of children caution against the administration of opiates and other narcotics, except where every other means of inducing sleep have failed, and there can be no doubt that their indiscriminate employment has contributed to infantile mortality. The other remedies ordinarily recommended for insomnia are also not free from depressing effects upon the nervous system, circulatory and respiratory functions, or exert a disturbing influence upon the digestion. A few years ago, however, a remedy was placed in the hands of the profession which, as shown by numerous clinical investigations, can be safely resorted to in the insomnia of children. Trional—as this drug has been termed—embodies more completely than any other remedy previously in use all the properties which go to make up an ideal hynoptic. Its action is rapid and effective. Dr. Claus recommends it in chorea, convulsions, pavor nocturnus (night terrors), epilepsy, in insomnia due to digestive disturbance, dentition, etc. Sleeplessness, occurring in the course of measles and other exanthemata, was also favorably influenced. In conditions attended with pain he found it of little service. When given in proper doses it was free from after effects and often exerted a beneficial action upon the digestive process. In a treatise "On the Nervous Diseases of Children," which has just appeared, Dr. B. Sachs formulates his experience with this hypnotic as follows: "Sulfonal and Trional are the most reliable hypnotics. The latter acts more promptly than the former. Both drugs should be given (to children) in five to ten grain doses an hour before bedtime, in soup or warm milk. A natural sleep is apt to follow with only very slight discomfort the next morning. There is little danger of forming a habit."—*Medical Standard, December, 1895.*

Maltine with Wine of Pepsin.—Maltine with the addition of wine and pepsin, aromatics and bitter tonics, is an ideal combination for the relief of amylaceous and also albuminous dyspepsia. It is of great value in all forms of indigestion, and is especially indicated in intestinal disorders of children. The dose is a small wine

glass full (two tablespoonfuls) with, or immediately after meals. Children in proportion, diluted with water.

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Phenocoll in Malaria.—In a lengthy article, entitled "Contribution to the Study of the Anti-Malarial Action of Phenocoll," by Dr. Gino Righi, Padua, and published in the *Rassegna Medica*, the author concludes :

The results attained with the new remedy are therefore most encouraging and lead to the following conclusions :

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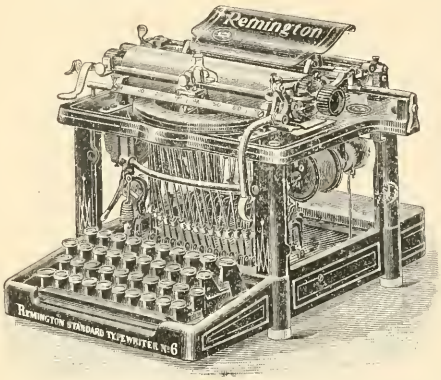

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